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Draft country programme document for the Democratic Republic of the Congo

Proposed UNFPA assistance:	$60 million: $25 million from regular resources and $35 million through co-financing modalities and/or other, including non-regular, resources
Programme period:	Five years (2008-2012)
Cycle of assistance:	Third
Category per decision 2005/13:	A

Proposed indicative assistance by core programme area (in millions of $):

	Regular resources	*Other*	*Total*
Reproductive health	12	15	27
Population and development	7	10	17
Gender	5	10	15
Programme coordination and assistance	1	—	1
Total	**25**	**35**	**60**

I. Situation analysis

1. The Democratic Republic of the Congo consists of more than 2.3 million square kilometres and is surrounded by nine countries, many of which have had a volatile political past. Due to prolonged armed conflicts, the country has had only one population and housing census (in 1984). As a result, there is a lack of reliable sociodemographic data. Years of political crises culminated in war from 1996 to

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2001. Although elections were held in 2006, peace remains fragile. The population, estimated at 57.5 million in 2005, is young, with 59 per cent under the age of 20.

2. The economy, which has been growing since 2002, had a growth rate of 6.6 per cent in 2005. Nevertheless, 71 per cent of the people live on less than $1 per day. The annual population growth rate is 3.1 per cent. The total fertility rate is high at 7.1 children per woman. Fifty per cent of youth have their first sexual intercourse before reaching the age of 15. One girl out of five becomes a mother between the ages of 15 and 19. One in four Congolese practice traditional family planning, which suggests a high level of unmet need. The use of modern contraceptive methods decreased from 15 per cent in 1985 to 4.4 per cent in 2001.

3. Recurrent crises and armed conflicts have led to a breakdown in the health system. Life expectancy at birth is only 46 years. Although skilled health personnel attend 60 per cent of deliveries, the lack of equipment and supplies affects the quality of services provided. The infant mortality rate is 126 deaths per 1,000 live births. The maternal mortality ratio is 1,289 deaths per 100,000 live births, and rises to 3,000 deaths per 100,000 in conflict-affected areas. Thousands of women and girls suffer from obstetric fistula.

4. Knowledge about HIV transmission remains low, and prevention efforts are inadequate. The condom usage rate is 2.3 per cent, and the HIV prevalence rate is 4.4 per cent. Significant disparities exist between provinces and social categories, with the HIV prevalence rate ranging from 8 per cent in the East and in mining areas in the Central provinces to 20 per cent among the armed forces. Prevalence among pregnant women is 4.6 per cent, and the mother-to-child transmission rate is 25 per cent.

5. Gender inequalities are widespread. The primary school enrolment rate is 89 per cent for boys, compared to 79 per cent for girls. At the secondary school level, the enrolment rate is 24 per cent for boys and 13 per cent for girls. Only 20 per cent of women are literate, as opposed to 48 per cent of men. Only 9 of 60 government ministers are women, and women occupy only 8.4 per cent of National Assembly seats. Sexual and gender-based violence, prevalent during the armed conflict, persists, and now affects all provinces. In 2006, the Government adopted a constitutional article against sexual and gender-based violence.

II. Past cooperation and lessons learned

6. UNFPA implemented its first country programme from 1986 to 1990. The second programme (2002-2006) was extended until 2007 to enable the United Nations Development Group Executive Committee agencies to harmonize their programme cycles. UNFPA monitored programme activities and mobilized additional resources for humanitarian emergencies through 11 sub-offices, located in the provinces. In addition, UNFPA developed partnerships with national institutions, as well as with bilateral cooperation partners and United Nations organizations.

7. In the area of reproductive health, programme achievements included: (a) strengthening the technical and managerial capacity of national partners; (b) developing, in partnership with the Ministry of Health, a road map to reduce maternal mortality, a national reproductive health commodity security plan, a national reproductive health policy, and a national youth and adolescent

reproductive health policy; (c) equipping and supplying 171 maternity centres with reproductive health commodities and rehabilitating 48 of them; and (d) establishing four youth centres.

8. Key achievements in the area of population and development included: (a) updating and endorsing the national population policy; (b) integrating indicators on fistula, reproductive health, and sexual and domestic violence into the first-ever demographic and health survey, carried out in 2007; and (c) carrying out a population and housing census, which is a component of the national poverty-reduction strategy.

9. In the area of gender, achievements included: (a) carrying out advocacy campaigns, which led to the adoption and promulgation of laws on gender parity and the elimination of sexual and gender-based violence; (b) strengthening the capacity of legal aid clinics and civil society organizations involved in empowering and protecting women; (c) supporting income-generating activities through women's associations; and (d) carrying out sensitization efforts that increased the participation of women in the 2006 presidential and parliamentary elections.

10. The second programme faced numerous constraints, including: (a) recurring armed conflicts; (b) an inefficient banking system with a small number of banks, especially in the provinces, and frequent shortages of cash; (c) the weak capacity of implementing agencies to utilize the national execution modality; and (d) difficulties in coordinating and harmonizing interventions in joint programmes.

11. Lessons learned include: (a) the need for greater geographical coverage and thematically focused interventions in partnership with other organizations or bilateral partners, given the size of the country and its post-conflict environment; (b) the programme presence in all 11 provinces, though it entailed financial, logistical and human resource costs, facilitated monitoring and improved the ability of UNFPA and the Government to respond to emergencies and to the needs of affected communities; (c) the success of joint programming and joint programmes depended on the commitment and sharing of information by all partners; and (d) the ownership of the joint initiative against sexual and gender-based violence by national partners led to strong support from and the active participation of the army and the police, and to successful advocacy for the adoption of stronger laws against such violence.

12. Another lesson learned is the importance of the participation of the country office in all decision-making processes relating to the national poverty reduction strategy, the country assistance framework, the United Nations Development Assistance Framework and the cluster working groups. This facilitated the integration into the national development agenda of key issues of the Programme of Action of the International Conference on Population and Development and permitted funds to be mobilized through the central emergency response fund and the pooled fund mechanisms. The programme must strengthen the capacity of national counterparts in order to sustain these achievements.

III. Proposed programme

13. The Government and UNFPA developed the proposed programme within the context of United Nations reform and in collaboration with civil society and United

Nations organizations. It is based on: (a) the national poverty reduction strategy; (b) sectoral policies and programmes; (c) the United Nations Development Assistance Framework, 2007-2011, that is derived directly from the country assistance framework for donors and the United Nations system; (d) the national Millennium Development Goals Report; and (e) the Maputo Plan of Action.

14. The programme uses a culturally sensitive, gender-sensitive, and human rights-based approach. It seeks to reduce poverty by improving access to high-quality reproductive health and HIV prevention services and by incorporating gender and population issues into sectoral development policies and programmes. It has three components: (a) reproductive health; (b) population and development; and (c) gender.

Reproductive health component

15. The reproductive health component outcome is: by 2012, the utilization of high-quality reproductive health services and HIV/AIDS prevention services has increased in the programme zones, especially for young people, women and populations affected by the conflict. Four outputs will contribute to the achievement of this outcome.

16. *Output 1: Family planning is integrated into HIV/AIDS prevention programmes, targeting young people and adolescents.* The programme will: (a) undertake advocacy efforts among political and community leaders to support family planning; (b) integrate HIV/AIDS prevention strategies into reproductive health services, including pre- and post-natal consultations and family planning, as per the Maputo Plan of Action; (c) strengthen community-based distribution of contraceptives, especially male and female condoms; (d) support social mobilization for family planning and the prevention of sexually transmitted infections, including HIV/AIDS; (e) strengthen behaviour change communication for young people and adolescents; (f) promote communication among parents, teachers, young people and adolescents on issues related to sexual and reproductive health and rights; (g) institutionalize and reinforce population and family-life education in all levels of the educational system; (h) build technical assistance in reproductive health services through partnership with the University of Kinshasa; and (i) strengthen national capacity and scale up family planning services at community and country levels.

17. *Output 2: Improved quality of skilled assistance at birth and essential obstetric and neonatal emergency care in the programme zones.* In accordance with the road map to reduce maternal mortality, the programme will: (a) strengthen the technical and institutional capacities of implementing structures; (b) strengthen the technical and operational capacities of health-service providers; and (c) support social mobilization campaigns and behaviour change communication that target communities, in order to increase the demand for reproductive health services and reduce maternal deaths.

18. *Output 3: Increased access of displaced populations and victims of humanitarian crises to emergency reproductive health services, including post-exposure prophylaxis kits.* This will be achieved by: (a) ensuring that post-exposure prophylaxis kits and emergency commodities are positioned in humanitarian zones; (b) strengthening the technical and operational capacities of service providers; and (c) strengthening the clinical management of victims of sexual violence.

19. *Output 4: National technical and institutional capacities are strengthened to implement a reproductive health commodity procurement system.* In conformity with the 2005 national plan on reproductive health commodity security, the programme will: (a) strengthen the technical and managerial capacity of commodity logistics managers to forecast needs and procure stocks to enable them to gradually manage commodities; (b) rehabilitate commodity warehouses; and (c) support male and female condom programming.

Population and development component

20. The outcome of this component is: by 2012, population, reproductive health, gender and sexual violence issues are taken into account in development policies and programmes. Two outputs will contribute to this outcome.

21. *Output 1: Increased availability of data disaggregated by age and sex on the sociodemographic characteristics of the population.* This will be achieved by: (a) supporting advocacy, resource mobilization and technical support for the second general population and housing census and the second demographic and health survey; (b) supporting operational research on population, reproductive health and gender and disseminating the findings; (c) strengthening the technical and operational capacity of institutions that generate sociodemographic data; and (d) using the integrated management information system database to monitor the Millennium Development Goals and the poverty reduction strategy.

22. *Output 2: The technical and institutional capacities of target ministries and partners are strengthened to incorporate issues regarding population, sexual and reproductive health, gender, and sexual and gender-based violence into development policies and programmes.* Strategies will include: (a) building the technical and operational capacity of national and provincial leaders in population and development; and (b) facilitating strategic planning processes to incorporate population, reproductive health and gender issues into development policies and programmes.

Gender component

23. The outcome of the gender component is: by 2012, a favourable environment for gender equality and equity and for the elimination of sexual and gender-based violence exists. Two outputs will contribute to this outcome.

24. *Output 1: The institutional and technical capacities of ministries and of the National Assembly are strengthened to promote women's economic and political empowerment.* Strategies will include: (a) strengthening the capacity of key government structures; (b) facilitating the implementation of the gender equality policy in the national Constitution; (c) mobilizing resources to scale up income-generating activities in collaboration with civil society; and (d) ensuring that gender issues are taken into account in budget processes.

25. *Output 2: The institutional and technical capacities of networks and community-based organizations are strengthened to combat sexual and gender-based violence.* The programme will: (a) strengthen the capacities of networks of women, faith-based organizations, youth and the media, as well as community organizations, to combat sexual and gender-based violence and promote family planning, reproductive health and HIV prevention; (b) scale up efforts to prevent

and respond to sexual and gender-based violence; (c) advocate the implementation of new laws that seek to eliminate the impunity of perpetrators of sexual violence; (d) help the media to monitor and draw attention to sexual violence; and (e) support and empower women's groups and parliamentarians to undertake advocacy efforts.

IV. Programme management, monitoring and evaluation

26. The Ministry of Foreign Affairs and International Cooperation will coordinate, monitor and evaluate the programme through an intersectoral working group composed of representatives from various ministries. Monitoring and evaluation mechanisms will be based on: (a) a situation analysis carried out at the beginning of the programme to obtain baseline indicators; (b) field visits; (c) quarterly and annual review meetings; (d) a midterm programme evaluation; and (e) a final programme evaluation. The Ministry of Planning will coordinate the population and development component as well as the gender component, and the Ministry of Health will coordinate the reproductive health component. The Ministry of Foreign Affairs and International Cooperation, in collaboration with UNFPA and UNDP, will establish a national execution unit to assist with programme monitoring and evaluation.

27. The UNFPA country office will formulate a resource mobilization plan with the Government and the United Nations country team. UNFPA will maintain its presence in all 11 provinces through its sub-offices. The country office includes a representative, a deputy representative, an international programme officer, two chief technical advisers, two assistant representatives, an international operations manager, three national programme officers, two junior professional officers and a number of national project personnel, assistants and associates working in the areas of programme, finance and administration. The office will recruit additional staff to strengthen its presence in the sub-offices. The UNFPA country technical services teams in Dakar, Senegal, and in Addis Ababa, Ethiopia, will provide technical assistance.

Results and resources framework for the Democratic Republic of the Congo

National priorities: (a) improve access to basic social services; and (b) prevent the spread of HIV/AIDS
UNDAF outcome: access to health care and equity are improved
UNDAF outcome: HIV/AIDS prevention, particularly for women and youth, is accelerated and scaled up

Programme component	Country programme outcomes, indicators, baselines and targets*	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	Outcome: By 2012, the utilization of high-quality reproductive health services and HIV/AIDS prevention services has increased in the programme zones, especially for young people, women and populations affected by the conflict Outcome indicators: • Proportion of births assisted by skilled personnel • The rate of utilization of safe motherhood services • Modern contraceptive prevalence rate • Sexually transmitted infections and HIV/AIDS prevalence rate among youth • Sexually transmitted infections and HIV/AIDS prevalence rate among pregnant women • Proportion of youth benefiting from youth and adolescent reproductive health services • Proportion of unsafe abortions among adolescents • Proportion of people affected by humanitarian crises receiving reproductive health services • Maternal mortality rate and number of neonatal deaths	Output 1: Family planning is integrated into HIV/AIDS prevention programmes, targeting young people and adolescents Output indicators: • Proportion of women receiving prenatal care, post-natal care and family planning services screened on a voluntary basis • Number of health structures having integrated HIV/AIDS prevention services into reproductive health services • Number of women and youth screened for sexually transmitted infections and HIV/AIDS • Number of primary, secondary and higher education schools offering courses on population and development, reproductive health and HIV/AIDS • Number of structures supported that offer youth-friendly reproductive health services Output 2: Improved quality of skilled assistance at birth and essential obstetric and neonatal emergency care in the programme zones Output indicators: • Number of structures offering safe motherhood services, including prenatal care, post-natal care and family planning • Number of users of safe motherhood services • Number of women benefiting from reproductive health services • Number of fistula diagnosed and repaired Output 3: Increased access of displaced populations and victims of humanitarian crises to emergency reproductive health services, including post-exposure prophylaxis kits Output indicators: • Number of victims of sexual and gender-based violence receiving reproductive health services • Number of internally displaced persons and people affected by humanitarian crises receiving reproductive health services • Proportion of sexual and gender-based violence victims receiving post-exposure prophylaxis kits Output 4: National technical and institutional capacities are strengthened to implement a reproductive health commodity procurement system Output indicators: • Two provincial warehouses functional • National reproductive health commodity security is fully implemented • National counterparts manage at least 50 per cent of the procurement system	Ministry of Health; National reproductive health programme; National youth and adolescent reproductive health programme; National multisectoral AIDS programme National armed forces; National police Youth Network in Population and Development; Network of African Women Ministers and Parliamentarians; Islam and Population Network; Network of Journalists and Communicators in Population Universities of Kinshasa, Lubumbashi and Kisangani United States Agency for International Development; United Nations agencies; World Bank	$27 million ($12 million from regular resources and $15 million from other resources)

* With the publication of the 2007 demographic and health survey, the country will be able to set baseline indicators that will be used during the country programme action plan formulation process.

National priorities: (a) improve the quality of statistics; and (b) improve the quality of vulnerable groups, especially women **UNDAF outcome: governance obstacles that inhibit the country from reaching the Millennium Development Goals are removed**				
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**
Population and development	Outcome: By 2012, population, reproductive health, gender and sexual violence issues are taken into account in development policies and programmes Outcome indicators: • National population policy adopted by the Government • Elements of the national population policy are taken into account in sectoral policies • Press releases • Number of statements by leaders	Output 1: Increased availability of data disaggregated by age and sex on the sociodemographic characteristics of the population Output indicators: • Number of thematic analyses on population characteristics and population and development linkages • Existence of data from the second general population and housing census • Existence of data taken from sociodemographic surveys • Existence of a poverty map Output 2: The technical and institutional capacities of target ministries and partners are strengthened to incorporate issues regarding population, sexual and reproductive health, gender, and sexual and gender-based violence into development policies and programmes Output indicators: • Number of sectoral plans, programmes and projects supported that integrate population, reproductive health, gender, and sexual and gender-based violence issues • Volume of funding mobilized from the Government to support the third UNFPA country programme	National Assembly; Ministries of: Planning; Interior and Decentralization; and Women's Affairs; National Statistics Institute Network of African Women Ministers and Parliamentarians; Network of Journalists and Communicators in Population Universities; Faith-based organizations	$17 million ($7 million from regular resources and $10 million from other resources)
Gender	Outcome: By 2012, a favourable environment for gender equality and equity and for the elimination of sexual and gender-based violence exists Outcome indicators: • Press releases on gender issues • Number of statements by leaders related to gender issues • Progress in implementing the Convention on the Elimination of All Forms of Discrimination against Women • Women represented in national, provincial and local institutions	Output 1: The institutional and technical capacities of ministries and of the National Assembly are strengthened to promote women's economic and political empowerment Output indicators: • Number of discriminatory provisions against women revised and provisions favourable to women and youth promulgated • Number of women represented in decision-making at national, provincial and local levels Output 2: The institutional and technical capacities of networks and community-based organizations are strengthened to combat sexual and gender-based violence Output indicators: • Proportion of women victims of gender-based violence receiving judicial assistance and legal aid, psychosocial support and economic assistance • Number of court decisions against perpetrators of sexual violence • Number of cases of sexual violence reported and prosecuted • Number of leaders committed to combat sexual and gender-based violence • Proportion of women who are victims of sexual and gender-based violence	National Assembly; Ministries of: Planning; Interior and Decentralization; Women's Affairs; National Statistics Institute Network of African Women Ministers and Parliamentarians; Network of Journalists and Communicators in Population Universities; Faith-based organizations	$15 million ($5 million from regular resources and $10 million from other resources) Total for programme coordination and assistance: $1 million from regular resources